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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION DENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 b. WANG			(X2) DATE SURVEY COMPLETED R 07/27/2016	
HAL092203						
NAME OF	PROVIDER OR SUPPLIER	STREET A	DÖRESS, CIP	Y, STATE, ZIP CODE		7/2019
НАТНА	M COMMONS			M STREET		
		CARY, N	C 27512			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLAN OF CORRECTIVE ACTION SHO REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX: (EACH CORRECTIVE ACTION SHO DEFICIENCY)		HOULD BE	(XS) COMPLE DATE	
(c 000)	Initial Comments		(C 000)			
	This report is of a Fo Getchell on July 27,	llow-up Survey done by Bob 2016.				
A the state of the	The followup survey have not been correction is required	revealed that all deficiencies ted, therefore a new plan of		DECEIV SEP 1 4 2018	ED	
C 164)	Housekeeping and Fe	urnishings-Clean, Repaired	(C 184)	1 1 2 201		
	FURNISHINGS (a) Adult care homes	HOUSEKEEPING AND shall:		CONSTRUCTION SE	CTION	
000	 have no chronic u have furniture clea 	ind in good repair;				an service
2	his Rule is not met a Based on observation naintained and service eturn-air grilles to kee	n, the facility has not ad the HVAC supply and	Almajar Sociente	The HVAC supply and return have been cleaned and will b weekly.		ha to se del
Di (a	ollowup Findings on J he exhaust grilles hav uild-up at the following) All of the facility Bat) Dining Hall return-ai	hroom exhaust fans,			9/	12/16
(c)) Kitchen return-air gr 3% clean	illes.		All facility bathroom exhaust g been cleaned. Dining Hall ret grilles, and kitchen return air g	urn air 📋	
,m;	Based on observation aintained the HVAC s keep them in good w	upply and return-air grilles		been cleaned and will be clear	ned weekly.	2/16
	llowup Findings on Ju e supply diffusers are	lly 27, 2016 include: damaged located at the	A			

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Divisio	n of Health Service Re	egulation		1	PORIN	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BURLDING: 01		(X3) DATE SURVEY COMPLETED		
						1
		HAL092203	B WING		07/2	7/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
CHATH	AM COMMONS		ST CHATHAN	STREET		
	A COLUMN TO A COLU	The second secon	NC 27512			
PREFIX TAG	/ /EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	D BE	COMPLETE DATE
{C 164}	Continued From page 1		{C 164}	New diffusers have been installe	od	
	following locations:			New diffusers have been installed	eu.	
	(a) Dining Half			1		
	(c) Kitchen				1	- 1
	Note: New diffusers	received. To be installed.			i	- 1
(C 166)	Housekeeping-Maint	ained Free of Hazards	(C 166)			
-	SECTION .0300 - Ph	IVSICAL PLANT	1			- 1
1		HOUSEKEEPING AND	1			}
1	FURNISHINGS				1	Ì
1	(a) Adult care homes		1 1		- 1	
- 1	(5) be maintained in an uncluftered clean and orderly manner, free of all obstructions and		1		1	- 1
- 1	hazards;	or all observotions and	1 1		1	- 1
9		ply to new and existing.	1 1		- 1	- 1
	facilities.	the same of the sa				. 35-0
ą.		F2	1 1		1	1
	This Rule is not met a] [- 1
	z-basec on Coservati maintained free of haz	on, the Building was not				- 1
- 1	THORNWALL INCO OF REAL	ajus.	1			1
.4.4	Followup Findings on	July 27, 2016 include:			1	
1	wording a given of a		1	Towel bars have been installed		1
	a pedrooms inrough lowel bars were missin	out the building - Many		defective towel bars have been		
		ched to the door exposing			9/1	2/16
	sharp and rough edge		1.			1
1)	nclude Room 401, 403	3, 417 and 419.	1			1
1.0	Note: New towel bars	received on 7-22-16.	1		1	- 1
₹C 175) E	sedroom Furnishings	Clean Towel, Towel Bar	(C 175)			
s	SECTION .0300 - PHY	SICALPLANT			1	1
11	10A NCAC 13F .0306 HOUSEKEEPING AND			Towel bars have been installed in	in all	
	URNISHINGS		1	resident bathrooms. Maintenan		-
	b) Each bedroom shal		1	continue to monitor and repair a		ı.
	urnishings in good repo esident:	air and clean for each				2/16
		el, wash cloth and towel		,	ŀ	
	th Service Regulation					
sion of Freat	ni Service regulation			,		

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	on of Health Service K				
	MENT OF DEFICIENCIES. LAN OF CORRECTION	(X1) PROVIDERISUPPLIERICUA, IDENTIFICATION NUMBER:	(X2) MUC A. BUILDI	hPLE CONSTRUCTION NG(01	(X3) DATE SURVEY COMPLETED
		HAL092203	B, WING.		R 07/27/2016
NAME	OF PROVIDER OR SUPPLIER	STREETA	DDRESS CIT	Y, STATE, 2IP CODE	
CHAT	HAM COMMONS			AM STREET	
Слаг	DAM COMMONS	CARY, N			
(X4) II PREFI TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION SHOULD CROSS REFERENCED TO THE APPROPRIES DEFICIENCY)	D.BE. COMPLETE
(C 17	Continued From pag	je 2	{C 176}		1
,	bar in the bedroom ((e) This Rule shall a facilities.	or an adjoining bathroom; and poly to new and existing			of wordshops of
	maintained towel bar	ion, the facility has not			
		ars at the following locations: oposed brackets)			
{C 189]	SECTION D300 - PH	aintained Safe, Operating	(C 189)		
Company of the second second second second	10A NCAC 13F :0311 REQUIREMENTS (a) The building and e mechanical, and plum care home shall be ma operating condition. (k) This Rule shall app facilities with the excep- which shall not apply to	ill fire safety; electrical, biring equipment in an adult iintained in a safe and bly to new and existing ution of Paragraph (e)			
i	This Rule is not met at 1-Based on observation maintained in a safe ar because the noted into and/or drags on the floo atth Service Regulation	n, the facility has not id operating condition for doors do not latch		Interior doors will be checked and as needed so all doors will latch a drag on floor when opened/closed will report to maintenance future p	nd not I. Staff

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	n of Health Service Re	egulation			FORM.	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEA/CLIA, AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT	(X3) DATE SURVEY COMPLETED			
		HAL092203	B. WING		F	-
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS ciriy	STATE, ZIP CODE	1 0//2	7/2016
СНАТНА	AM COMMONS		T CHATHAI			
Oliver W		CARY, N				
(X4) ID PREFIX TAG	(EACH DEFICIENCY.	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D'RE	COMPLETE DATE
(C 189)	Continued From pag	ie 3	(C 189)	1		
	containment of fire a of origin.	nd/or smoke from the room				,
	Followup Findings on	July 27, 2016 include:				
	difficulty in operation:	d locations do not latch or Bathroom (Door drags on				
1	2-Based on observation been maintained in a preaches through fire- rivalidated its integrity	ons, this facility has not safe manner because of rated construction				
	ollowup Findings on .	July 27, 2016 include:		*** **********************************		
J:10	here are openings in ecations that are not s naterial:	the ceiling in the following ealed with a fire-rated		The Kitchen Ceiling, 100 Hall B room, 100 Hall Bathrooms ceiling	ngs, &	
(t	a) Kitchen ceiling b) Boiler Room 100 H; here tape is torn in co	all has hole at leak and		Dining Hall ceilings have been		2/16
160	100 Hall-Men's & W	omen's Bathroom colling				
(f)	neet-rock joints failing	heet-rock joints failing		*		
pr sa sta	fe manner. This coul	is, the facility fire as not maintained in a d effect all residents and I sprinkler coverage upon		Missing sprinkler head escutche have been fixed. Maintenance v continue to monitor and repair a needed.	lliv	2/16
Fo	llowup Findings on Ju	ly 27, 2016 include:				
(a) (e)	e following locations h ssing sprinkler head e 100 Hall Women's Ba Resident Room Bath Sarvice Regulation	scutcheons:				

	Divis	ion of Health Service R	egulation			PRINTED: 08/29/2016
	AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLU IDENTIFICATION NUMBER	A OXO MILI	TIPLE CONSTRUCTION	FORM APPROVED
	1 .		I STATION NUMBER	A BINLO	ING. 04	
	-		041			(X3) DATE SURVEY COMPLETED
	NAMEO	F PROVIDER OR SUPPLIER	HAL082203	B. WWG		1 1
. 1			STREE	TADDRESS	to the second second	07/27/2016
- 1	CHAIR	AM COMMONS	809 V	VEST CHATHA	Y, STATE, ZIP CODE	112112016
	(X4) ID	SUMMARY CTAY		NC 27512	MSTREET	
- 1	PREFIX	(EACH DEFICIENCY N		10		1
1		INCODERIORY OR LSC	DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT	ION
- 4	(C 189)	Continued From page		TAG	CROSS-REFERENCED TO THE ARREST	LO BE COMPLETE
- 1		Continued From page	4.	10 400	DEFICIENCY)	PHIATE DATE
- 1	i	10 Parist		{C 189}		
- 1	1	maintain the above	ions, the facility failed to	1		1 1
- 1	ĺ		model Co.	1 1		1 1
- 1	1	Followup Findings on J	Ulic 57 Ocioni	1 1		1 1
- 1	ĺ.	of The contract of	21, 2016 include:	1 1		
- 1	13	a) The hair-washing sit	ik does not have a	F . I	The veements to	1 1
- 1	- 1	acuum breaker located	in the Salon.	1 1	The vacuum breaker in the hair sink has been installed.	washing
- 1	- 1			1 1	nas been installed.	1 1
- 1	1			1 1		9/12/16
ł	1			1		1 1
1	- 1		1	1		1 1
1	- 1		ł	- 1		1 1
4		street or property to a second street and		- 1		
1	į		and the property was not to prove the form		the street designation of the second	1 1
1			1	- 1		
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					# donfinuet	on sheet 5 of 5